

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Dixon/Davis Media Group LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 06 / 2014</b>		
Mailing Address 1028 33rd St NW Ste 300			Amount <b>15187.00</b>		
City Washington	State DC	Zip Code 20007-3571	Transaction ID : VN7GB9SN5A1		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		<b>940826.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 04 / 2014</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>223635.00</b>		
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SMQ76		
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Mitch McConnell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought		<b>506011.84</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>238822.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 06 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484642       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            06 / 05 / 2014         </div>	
Mailing Address 3050 K St NW Ste 100		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           183150.00         </div>	
City Washington State DC Zip Code 20007-5108	<b>Transaction ID : VN7GB9SMQ92</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Media Buy	Category/Type	Name of Federal Candidate Terri Lynn Land	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           2223875.00         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y            06 / 05 / 2014         </div>	
Mailing Address 3050 K St NW Ste 100		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           81881.00         </div>	
City Washington State DC Zip Code 20007-5108	<b>Transaction ID : VN7GB9SMQB8</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div>		
Purpose of Expenditure Media Buy	Category/Type	Name of Federal Candidate William Cassidy	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           1622311.41         </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           265031.00         </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           _____         </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           _____         </div>

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Rebecca Lambe

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Date

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 06 / 06 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 3 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 05 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>13087.67</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SN4K9
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate William Cassidy		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 06 / 2014</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>376475.00</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SMQ68
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joni Ernst		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>389562.67</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 5  
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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 06 / 2014</b>
Mailing Address 3050 K St NW Ste 100		Amount <b>370231.00</b>
City Washington	State DC	Zip Code 20007-5108
Purpose of Expenditure Media Buy	Category/ Type	Transaction ID : <b>VN7GB9SMQA0</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Thom R Tillis		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 06 / 2014</b>
Mailing Address 3050 K St NW Ste 100		Amount <b>5415.00</b>
City Washington	State DC	Zip Code 20007-5108
Purpose of Expenditure Media Production Costs - Estimate	Category/ Type	Transaction ID : <b>VN7GB9SN5C7</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate William Cassidy		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>375646.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Rebecca Lambe

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NAME OF COMMITTEE (In Full) <b>Senate Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3050 K St NW Ste 100		Amount <input type="text"/> 248826.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9SN5E3
Purpose of Expenditure Media Buy	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate William Cassidy		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1622311.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure	Category/ Type <input type="text"/>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 248826.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/> 1517887.67

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